BAY COUNTY
JUVENILE HOME

James A. Barcia
County Executive

Juliann Reynolds
Director
reynoldsj@baycounty.net

Dear: _____ Date: _____

Your youth _____ is a current resident at our facility. Attached are a few policies that are required to be shared with you.

Medical Consent: The BCJH contracts a registered nurse and doctor to review resident medications and to handle minor medical issues. The BCJH is required to provide a physical within 7 days of detainment unless there is a copy of a physical provided that had been completed in the last 10 months. The youth can request to see the nurse during medical clinic times. Please sign the attached request and return so that we may attend to your youth's immediate medical needs. The nurse will contact the legal parent/guardian on file to discuss any changes in health status. If for any reason your youth needs to be transported to urgent care or the hospital you will be contacted as soon as possible.

Prescriptions: The staff understand that transportation to the BCJH may not always be convenient or possible. The BCJH utilizes Layerer's Pharmacy. You may choose to have refills transferred to Layerer's and let them know that the prescriptions need to be delivered to the Bay County Juvenile Home. You will need to provide insurance information and pay any co-pays.

Layerer's Pharmacy
1100 Columbus Avenue
Bay City, MI 48708
989-893-7579

Immunizations: Immunization Clinic is the first Thursday of each month. The Bay County Health Department administers the immunizations at **no cost**. The registered nurse refers to the Official State of Michigan Immunization Record for each youth to determine the eligibility for immunizations. Immunizations available are Tdap, Hib, Polio, MMR, Hep B, Vericiella, Hep A, Flu, Pneumococcal Conjugate, Meningococcal Conjugate, HPV and COVID-19. Some of these vaccinations are a series. If the youth refuses the immunization we do not force the youth to receive them. The Health Department requires the attached consent to be completed. The BCJH is required to offer these immunizations for youth who remain in the facility after 29 days. If you have an up to date immunization record please fax or email to the BCJH. Fax # 989-892-4419 or email juvhome@baycounty.net. You may also give a copy of the record to the Probation Officer or DHHS caseworker to forward to the facility. Please review all immunizations carefully. Parent/Guardian may refuse immunizations.

Dental: Dental services are provided by the Mobile Dental Bus. Consent forms attached. No cost to the parent. If there are costs there will be no services completed unless the cost is approved by the legal parent/guardian.

Thank you,

Bay County Juvenile Home

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Acknowledgement of Policy

Referring Agency:

It is required that the Bay County Juvenile Home provide referring agency with a copy of specific policies listed below. It is requested that you initial and sign below indicating that you have received each policy. All policies are available on the Juvenile Home website under "Parent Packet". Please indicate the policies you have received by initialing next to each received policy below:

___ **Program Statement**

___**Grievance Policy**

___**Religion Policy**

___ **Intervention Standards**

___ **Seclusion Policy**

___ **Mechanical Restraint**

___ **Emergency Restraint**

___ **Health Status Assessment**

Your signature verifies that you were able to access the polices online or received them via email. You understand that if you have questions or concerns you may speak with a Supervisor or the Director. For referring agencies this **acknowledgment will last for 6 months** for all youth that are lodged from your jurisdiction. A similar packet and form will be sent to the parent/guardian of the youth you place here. Please encourage parent/guardian to do the same

For further questions or concerns I may contact:

Supervisor Joe Beauchamp or Director Juli Reynolds

Signature: _____ Date: _____

Print name: _____

Youth's Name: _____

Relationship to youth: _____

Representing Court/Agency: _____

Attach this form into the Youth's file

520 West Hampton Road, Essexville, Michigan 48732
Tel: (989) 892-4519| Fax: (989) 892-4419 | TDD (hearing impaired): 989-895-4049
Web: www.baycounty-mi.gov

BAY COUNTY JUVENILE HOME

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MEDICAL CONSENT AND AUTHORIZATION FORM

Resident Name:	DOB:
I hereby consent and authorize: Bay County Juvenile Home 520 West Hampton Road, Essexville, MI 48732 Phone: 989-892-4519 Fax: 989-892-4419 Email: juvhome@baycounty.net To provide the following services for my child:	
Any physical examination and/or appropriate medical care or treatment including hospital admittance, emergency treatment including surgery, dental care or mental health services to be provided by qualified medical personnel as deemed necessary to protect the health of my child. This consent and authorization includes the authorization for disclosure of my child's complete health records as may be necessary to provided appropriate medical care and treatment and follow-up care. **Initial** _____	
It is understood that the Bay County Juvenile Home will make all reasonable efforts to notify me of any injury or emergency medical care or treatment that is necessary while my child is in the care and custody of the Bay County Juvenile Home. I understand I have the right to revoke this authorization at any time prior to disclosure by giving written notice to the Facility Director. **Initial** _____	
I consent to testing for infectious, contagious and sexually transmitted diseases including, but not limited to hepatitis, hepatitis B, HIV and AIDS in the event my child's bodily fluid comes into contact with any volunteer, employee or resident of the BCJH. Results of that testing will be made available to the Director of the Bay County Juvenile Home. **Initial** _____	
Allergies of the youth:	
Medical Insurance Information:	

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____

Great Lakes Bay Health Centers

SMILES ARE EVERYWHERE

Mobile Dental Program

989-921-4393

THE DENTAL BUS IS COMING TO YOUR CHILD'S SCHOOL!

Patient Name: _____ Grade: _____ Teacher Name: _____

Birth Date: ___/___/___ Gender: ☐ Male ☐ Female Email Address: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Race: ☐ White ☐ Black/African American ☐ Native Hawaiian ☐ American Indian/Alaska Native

☐ Asian ☐ Other Pacific Islander ☐ More than one race ☐ Refuse to report

Are you Hispanic/Latino?: ☐ Yes ☐ No ☐ Refuse to Report Is English your primary language?: ☐ Yes ☐ No

Are you or a family member a Migrant or Seasonal Farmworker?: ☐ Yes ☐ No

Guardian Information

Name: _____ Phone Number: _____ Birthdate: ___/___/___ Relationship to Patient: _____

Emergency Contact

Name: _____ Phone Number: _____ Relationship to Patient: _____

Dental Insurance: _____ Medical Insurance: _____ Subscriber Name: _____

Insurance ID #: _____ Subscriber Birthdate: ___/___/___ Relationship to Patient: _____ Subscriber Employer: _____

Our Federal Funding requires we ask income of all our patients. Your name/identity is not used in any of our reports.
This information also helps us determine if you qualify for our payment assistance program (Sliding Fee).

Household Income $_____ ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Annual

How many people in the household does this income support?: _____

In order to qualify for a Sliding Fee, you must:

1. Complete the "Application for Sliding Fee Program" below.
2. Write all the names and ages of persons residing in the household. **(Signature required)**

To be completed by Staff only.
GLBHC Sliding Fee Category: _____
Staff Signature: _____
Date: ___/___/___
☐ Mobile Slide ☐ Standard Slide
GLBHC Site: Mobile

Application for Sliding Fee Program

Total 'Gross Annual' Household Income from all Sources: $_____
(Including Wages, Social Security, Public Assistance, Unemployment, Pension Payments, Alimony, Child Support or Other Cash Income)

Name Persons Residing in Household	Age	Name Persons Residing in Household	Age

******Total Number of People in Household _____

I declare that this information relative to my total household income and family size as stated above is true and factual.

Head of Household/Authorized Person Name: _____

PLEASE SIGN HERE Head of Household/Authorized Person Signature: _____ Date: ___/___/___

Medical History (Please check Yes or No)

Allergies (other) type: _____ ☐ Yes ☐ No Asthma: ☐ Yes ☐ No Seizures: ☐ Yes ☐ No

Allergies (medications): _____ ☐ Yes ☐ No Diabetes: ☐ Yes ☐ No Other Medical Conditions/Medications: _____

Heart Problems type: _____ ☐ Yes ☐ No Is pre-medication needed for dental procedures?: ☐ Yes ☐ No

By signing this consent form and selecting "YES", I certify that I am the legal guardian and legal custodian of the student named above. I give my consent for the above named student to receive all services, listed on the front of this consent form, provided by Great Lakes Bay Health Centers Mobile Dental Program. I understand that treatment may be obtained at the patient's dental home rather than the mobile dental facility and that obtaining duplicate services at a mobile dental facility may affect benefits that he or she receives from private insurance, a state or federal program, or other third-party provider of dental benefits. I authorize GLBHC's Mobile Dental Program to release information regarding treatment to third party payers or others for the purpose of receiving payment for services. I further authorize both GLBHC and my child's dentist to exchange health care information for the purpose of continuity and coordination of care. By selecting "NO" and signing this form, my child will not be treated. I understand that I may withdraw my consent for services upon written notice to GLBHC's Dental Department at any time. Make sure to read and complete both sides of this form before signing.

☐ Yes, I give permission to have my child receive dental treatment from GLBHC's Mobile Dental Program.

☐ No, I would not like my child to receive dental treatment from GLBHC's Mobile Dental Program.

Patient/Guardian Name: _____

PLEASE SIGN HERE Patient/Guardian Signature: _____ Date: ___/___/___

CLIENT CONSENT

Bay County HEALTH Department

1200 Washington Avenue
Bay City, Michigan 48708

Client Name:_____ File Number:_____

Any statement not agreed to may be crossed out and initialed by client or client's authorized representative.

CONSENT FOR CARE

I hereby voluntarily consent to authorized BCHD health care professionals including physicians, nurse practitioners, nurses, medical assistants, social workers, and employees of Bay County Health Department (BCHD) to perform services, procedures and/or treatments as prescribed by my physician or in accordance with BCHD specific program/clinic/service protocol.

I further authorize BCHD to obtain specimens of blood, urine, and other body fluids, tissues or products for the purpose of tests or procedures as deemed appropriate for my care. I realize that if tests are taken for sexually transmitted diseases, reporting positive test results to the Michigan Department of Health & Human services is required by law.

I authorize the use of photographs for the purpose of health care and documentation and transfer to BCHD all rights and interest in such photographs.

I have had the purpose of the program/service explained to me, want to participate, and have reviewed my plan of care (if applicable). I understand the services I am to receive, and understand I can withdraw from participation at any time.

CONSENT TO HIV TESTING

I understand that BCHD may perform an HIV, Hepatitis B and Hepatitis C test upon me without additional written consent in the event a BCHD health professional or designee has a percutaneous, mucous membrane, or open wound exposure to my blood or body fluids. The results of any test(s) will be treated confidentially, but may be disclosed as necessary for care of the health professional or designee at risk for blood borne pathogen infection due to exposure to my blood or body fluids

CONSENT to BILL

I request that payment of the authorized benefits from my health insurance be made on my behalf to BCHD. I certify that the Health insurance information I provided is accurate and correct. BCHD will accept payment from Medicare and Medicaid as full payment for covered services.

In the event the insurance company pays me directly, or if the service is not covered by my health insurance, I or my estate will be fully responsible for reimbursing BCHD.

☐ Services to be billed to my insurance
☐ Services to be billed to me

Bill: ☐ Medicare ☐ Medicaid ☐Blue Cross/Blue Shield ☐ Other Insurance
☐ Sliding Fee Scale

CONSENT TO USE OR DISCLOSE HEALTH INFORMATION

I authorize BCHD to release by mail, phone, fax, or secure encrypted email and/or to obtain all or any portion of my or my child's health record to or from hospitals, health care providers, insurance companies, service agencies, auditors or others involved in my or my child's care that may be pertinent to the delivery, coordination and evaluation of my/my child's care. This includes all information about my or my child's status related to communicable diseases and infections, sexually transmitted infections (STI), Tuberculosis (TB), Hepatitis B, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), alcohol and drug abuse treatment information, mental health treatment records, psychological services and social services information including communications made by me to a social worker.

CONSENT & AUTHORIAZTON TO RELEASE MEDICAL INFORMATION TO OBTAIN PAYMENT

I authorize BCHD and its health care providers to release to any third party payor (Medicaid, Medicare, private health insurance etc.) and their clinical review agencies, or insurance carriers, welfare authority or other person or party responsible for any portion of care that is rendered to me such information from my health records as is required in order for BCHD to receive payment or reimbursement for my treatment, including alcohol, and drug abuse records protected under regulations in 42 Code of Federal Regulations, Part 2 (if any), psychological service records (if any), and social service records (if any). This consent shall be effective only so long as is necessary to obtain payment or retrospective authorization for payment and will expire when final payment has been received. This consent to release medical information is subject to revocation at any time with respect to any drug or alcohol abuse records, except to the extent the information has previously been release in reliance thereon.

This consent can be revoked by the client/client's authorized representative at any time unless the agency has acted in reliance upon its continued effectiveness. Without expressed revocation this consent expires within one year, or (please check) ☐ until no longer enrolled in Children's Special Health Care Services.

☐ **I have received a copy of the Bay County Notice of Privacy Practices**

I have read this consent form or it has been read to me and have had my questions answered to my satisfaction.

_____ _____ _____
Signature of Client or Authorized Representative Relationship Date

Reason for signature of Authorized Representative (instead of Client Signature):_____

_____ _____
Signature of BCHD Representative Date

Bay County HEALTH Department

Last	First	M.	Age
Address	City	State MI	Zip
Phone #	Maiden Name	Birth Date / /	
Gender ☐ Male ☐ Female	Race ☐ Caucasian ☐ Hispanic ☐ African American ☐ Other	Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Other	

Insurance Type _____

Card Holder Name: _____ Card Holder Birth Date: _____

Enrollee ID _____ Group # _____

Medicare # _____ Medicaid # _____

1. **Are you allergic to eggs, thimerosal (preservative), latex, or have any other allergies?** ☐ Yes ☐ No
2. **Have you ever had an adverse reaction to a flu shot or any other vaccine?** ☐ Yes ☐ No
3. **Have you had Guillain-Barre syndrome within 6 weeks of a flu shot?** ☐ Yes ☐ No
4. **Are you sick today?** ☐ Yes ☐ No
5. **Have you had MMR, Varicella, Nasal Spray Flu or any other vaccines in the past 30 days?** ☐ Yes ☐ No
6. **Have you ever had a seizure or neurological problem?** ☐ Yes ☐ No
7. **Have you taken cortisone, prednisone, steroids, anticancer drugs, or x-ray in last 3 months?** ☐ Yes ☐ No
8. **Have you received a blood transfusion, plasma, or immune globulin in the last year?** ☐ Yes ☐ No
9. **Are you pregnant or is there a chance of becoming pregnant the next 3 months?** ☐ Yes ☐ No
10. **Do you have cancer, leukemia, AIDS, or any other immune system problem?** ☐ Yes ☐ No
11. **Did you receive the vaccine information sheet today?** ☐ Yes ☐ No
12. **Do you have any questions?** ☐ Yes ☐ No

MCIR (Michigan Care Improvement Registry)

☐ **Yes, please register my or my child's immunization history in the MCIR system.**

☐ **No, I do not want my or my child's immunization history registered in the MCIR system.**

SIGNATURE _____ **Legal Guardian Name:** _____

For Office Use Only

☐CPOX	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐DTAP	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐FLU	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐HEP A	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐HEP B	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐HIB	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐HPV	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐KINRIX	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐MENACWY	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐MEN B	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐MMR	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐MMRV	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐PCV13	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐PEDIARIX	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐PPSV23	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐POLIO	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐ROTA	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐SHINGRIX	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP
☐TDAP	Lot # _____	Site _____	Manuf. _____	Eligibility $ or VFC or AVP

Nurse Signature _____

Revised January 2005: Revised June 2007; Revised July 2012: Revised October 2016
For Compliance with Rule 400.4109

The Bay County Juvenile Home shall make this statement available by:

- Public website of the Bay County Juvenile Home all parents/guardians and referral sources will be notified to refer to the website
- Listed in the resident handbook which is read at the time of intake
- Hard copy provided upon request

I. Program Statement

A. Types of Children Admitted for Care

Youth are detained at this facility by order of the Court. The youth must have committed some type of criminal offense (misdemeanor or felony) or have failed to abide by a previous order of the court (bond revocation, violation of probation, violation of a court order). Youth may be placed at the facility prior to adjudication, after adjudication, or while awaiting disposition or placement. In accordance with its operating license, all youth of the facility are between the ages of 10 and 17 years. Voluntary admissions are not permitted. Youth may not be admitted if the youth's only charged is a status offense (truancy, curfew violation, incorrigibility and running away). A youth must have been provided full due process rights when being lodged on a "valid court order" resulting from status offense.

Both males and females are admitted not exceeding 30 youth. While the facility is operated principally for the benefit of Bay County youth and families, youth from other communities throughout the state of Michigan are accepted, as space is available. Per diem for out of county youth is $156 to $170.

Discharge from the facility occurs only by order of the court.

B. Admission of Youth

Providing a bed is available in the facility, youth are placed in the facility under order of the Court. Out of County jurisdictions must contact the facility for approval before lodging a youth. During the admission process, the facility determines that the youth is under the jurisdiction of the Court, a valid order for placement exists, and the youth is appropriate for admission. Youth with untreated severe psychiatric problems may not be appropriate for admission. Youth under the influence of drugs and alcohol may require clearance by a physician for admission.

Upon presentation for admission, the assigned staff member completes the intake process which seeks to gather basic information to enable the program to assess the young person's

appropriateness for admission and to design a preliminary service plan. Upon admission the following shall be in the youth's case record:

- Name, address, birth date, sex, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.
- A brief description of the youth's preparation for placement and general physical and emotional state at the time of admission.
- Name, address, and marital status of parents or legal guardian, when provided.
- Date of admission and legal status
- Documentation of legal right to provide care
- Authorization to provide medical, dental, and surgical care and treatment.
- A photograph within the last 12 months shall be taken on site.
- A brief description of the circumstances leading to the need for detention

Youth are also searched, showered, and provided with facility clothing. Youth are assigned a sleeping room, provided a resident handbook to review. Parents are also provided informational packet which is also available on the Bay County Juvenile Home website.

C. Care of Youth

As a licensed child caring institution, the facility provides for all basic human care needs of the youth. The facility contracts a licensed nurse who is supervised by a licensed doctor. Needs not able to be met by the contracted medical services will be taken care of by outside providers depending on need. Regular visits may be addressed by the youth's regular physician and emergent needs are handled by Covenant Med Express or McLaren Bay Regional Hospital. Mental health services may be provided by the youth's current therapist. Mental health assessments are typically scheduled outside of the facility as needed. Basic dental care may be provided for longer term youth or the youth's regular dentist with approval from the court.

II. Program and Services Provided

A. Recreational – Youth of the BCJH are provided opportunity to participate in physical activity at least 5 days per week on site under the supervision of BCJH staff. Youth who meet program expectations earn points to participate in games or creative activities at least 5 times per week.

B. Education – The Bay Arenac Intermediate School District provides an education program connecting with the youth's home school whenever possible. The program follows the Essexville Hampton Public Schools calendar year and a limited summer school is available to all youth.

C. Medical – The BCJH contracts a nurse and doctor that provide physicals and to oversee medication routines. Youth Development Workers take an initial health screening of the

youth at the time of admission with medical and mental health emergencies being handled immediately. Youth will receive a physical examination within ~~7~~ 3 days of admission if there is not a documented physical examination on record within the past year. If at any time health concerns develop, it is at the least documented and illness report completed. Medical issues in need of attention will allow for appointments made with licensed medical professionals. Youth also receive periodic dental services and immunizations.

D. **Immunizations-** The Bay County Health Department conducts an immunization clinic the first Thursday of every month.

E. **The Great Lakes Health Center's Dental Bus** – provides dental services to youth approximately every 90 days. When necessary youth are transported out to receive emergency dental services.

F. **Life Skills** – Various outside agencies provide youth with life skills training. Some topics include nutrition, substance abuse education and prevention, resume building and employment applications, appropriate relationships, etc…

G. **Religion** – Youth are asked their religious preference at the time of intake. If requested arrangements are made for visits from the youth's spiritual advisor. If a religious program is available in the facility, youth will have the right to opt out of services without consequences.

H. **Counseling and Psychological Services** – Although counseling and psychological services are not part of the on-going detention program, emergency mental health services will be sought when warranted. The Bay Arenace Behavioral Health agency provides a liaison to meet with youth to discuss skill building in communication and problem solving. The liaison will notify the nurse and Supervisor if it is determined that further mental health services are necessary. Information concerning the youth's behavior received from Youth Development Workers shall be documented and shared with the nurse and liaison. Those youth that have an established counseling or psychological services may continue those services with the coordination and oversight of Probate Court.

I. **Nutritional Program** – The BCJH participates in the National School Lunch Program and is monitored regarding the nutritional quality of meals served. Cold breakfast and evening snack are prepared on site and served daily. Hot lunch and dinner are prepared at the Bay County Sheriff's Office and transported to the facility. The Health Department ensures that food quality controls are met by inspecting the food program twice a year.

J. **Hygiene Program** – The BCJH strongly emphasizes personal hygiene in each youth's daily routine. Adequate time is provided for daily showers, hygiene products are supplied by the facility, and youth receive clothing and linen changes on a regular basis. Youth are encouraged to wash hands frequently.

III. Discharge of Residents

Youth are discharged from the program according to the order of the Court. In general, youth may be returned to their own home, a relative's home, placed in a foster or group home, or placed in another institution. Discharge is a pre-planned process arranged by the Court or the Department of Human and Health Services. As part of its case planning and management practices, the secure detention facility completes a discharge plan and summary for each youth. This discharge plan and summary includes the reason for discharge, person and place to which the youth was discharged, a brief summary of medical and dental services provided, and the name and title of the person to whom the youth was released. This document also contains a brief description of the youth's adjustment to the program. In the event of an unplanned discharge, the facility completes a brief summary of the circumstances surrounding the discharge.

R 400.4109 Program statement.

Rule 109. (1) A child caring institution must have and follow a licensing authority-approved, current written program statement that specifically addresses all the following:

(a) The types of youth to be admitted for care and treatment intervention.

(b) The services provided to youth and parents directly by the child caring institution and the services provided by outside resources.

(c) Policies and procedures pertaining to admission, care, safety, and supervision methods for addressing youths' needs; implementation of treatment plans; and discharge of youth.

(2) The program statement must be provided to youth, parents, and referral sources.

Policy
Youth and parents may have a process for grievance of facility conditions and treatment of youth and parents. Youth and parents may not grieve items that are not in the control of this facility. For example court orders or outcomes.

Procedure
Upon admission to the BCJH, all youth shall be informed of their right to file grievances against any behavior or disciplinary action of staff or other youth in the facility. Grievances that have not been resolved informally shall be filed according to the procedures outlined below. All youth grievances shall be handled expeditiously and without reprisal against the grievant.
All parents/guardians and referring agencies shall be directed to the Bay County Juvenile Home (BCJH) website to review the parent packet and submit acknowledgment for receipt of the grievance policy. Packets will be mailed upon request. Parent/guardians who appear at the facility will be given access to review the electronic copy or given a hard copy of the policy and requested to submit signed acknowledgement. All signed acknowledgments will be attached the youth's file.

The youth will be provided at intake a resident hand book that includes the most updated grievance policy. The youth's written acknowledgement will be obtained by having the youth sign the resident handbook acknowledgement. This form will be attached to the youth's file. The policy shall be explained in a language/manner the youth and his or her family can understand. An interpreter shall be sought when necessary.
The grievance policy shall be mailed to parents/guardians and referring agencies upon request. It shall be noted in the youth's file when the policy is mailed out and when the signed acknowledgement returns. The acknowledgement shall be attached to the youth's file.
All signed documents shall be attached to the corresponding youth's file. YDWs will inform parent/guardians and referring agencies of the location of the policy and request of acknowledgement. Supervisor will review files to ensure this task has been completed and note reasons for delay as necessary.

For any allegations by a youth for lack of medical attention or abusive conduct see Detention Policies: Monitoring and Reporting Abuse & Neglect
Any youth may initiate a grievance on their own behalf. If the youth is in need of assistance he/she may seek the aid of a trusted adult within the facility or outside the facility to file the grievance. The youth may meet with a Supervisor directly to file a grievance verbally. Grievance forms are available however any written format describing the issue may be considered a grievance.

Informal resolution: All youth are encouraged to resolve grievances informally with staff. In most instances, a discussion between the youth and staff will result in a satisfactory solution. The staff member shall note the informal discussion in the youth's progress notes. **It is not mandatory for youth to attempt to resolve complaints informally**. If a youth is not satisfied

with the discussion and result of the conversation, the youth may utilize step I of the grievance process. Youth may submit any grievance in a sealed envelope labeled Supervisor.

Grievance Forms: Grievance forms and envelopes are available in the South dayroom. Youth may retrieve the forms as needed however must request a pencil. If the timing is not appropriate the YDW shall notify the youth and allow the youth to retrieve a grievance form at a later time during the shift. With the exception of gym and outdoors if a youth requests to write a grievance the YDW shall give the youth the opportunity to do so at some time during the shift.

Youth Grievance Process:

Step I: The youth may complete a grievance in writing to the Supervisor (on duty for the date/time of the grievance) if the Supervisor is not the subject of the grievance. If the Supervisor is not present the youth may complete the grievance and seal in an envelope. The envelope can be placed in the Supervisor's mailbox.

The youth is to place the grievance in writing noting information directly related to the incident. Include date and approximate time of the incident.

The youth must notify a YDW or Supervisor if he/she chooses to have an adult aid in completing the grievance.

The Supervisor will obtain information regarding the situation, discuss the situation with the youth objectively, and render a decision within 3 business days.

When the Supervisor responds to a grievance the following shall be completed

- The Supervisor shall sign and date the grievance upon receipt
- A written response to the grievant shall be completed on the original grievance form with additional sheets of paper attached as needed.
- Original form and attachments shall be given back to the youth
- The copy of the grievance and response shall be ~~filed~~ scanned in the computer in a file labeled the year and "youth grievances". The hard copy will be placed in a file in the Supervisor's office labeled by the year and "Youth Grievances".

If the grievance involves the Supervisor or if the youth is not satisfied with the decision of the Supervisor, the youth may proceed to Step II within 3 days.

Step II: If the youth is not satisfied with the response in Step I the grievance may be submitted to the Director by placing the grievance in a sealed envelope in the Director's mailbox. The Director will review all pertinent information and conduct necessary interviews. The Director will respond to the grievance within 5 business days of receipt of the grievance.

- The Director shall sign and date the grievance upon receipt
- A written response to the grievant shall be completed on the original grievance form with additional sheets of paper attached as needed.
- Original form and attachments shall be given back to the youth
- The copy of the grievance and response shall be scanned in the computer in a file labeled the year and "youth grievances". The hard copy will be

placed in a file in the Supervisor's office labeled by the year and "Youth Grievances".

The youth will have their original copy and may provide this copy to their legal counsel, parent/guardian, court or probation officer who may speak to the Supervisor or Director on the youth's behalf regarding the grievance.

Complaints or Concerns from youth's parent/guardians: If the parent/guardian has concerns regarding the wellbeing of the youth the parent may address it verbally with the Supervisor. For any allegations by a youth for lack of medical attention or inappropriate conduct see Detention Policies: Monitoring and Reporting Abuse & Neglect

The Team Leader will provide writing materials for the parent/guardian to complete a grievance in writing or inform the parent/guardian to call the Administrative Supervisor directly to discuss further. (Provide the parent/guardian Supervisor/Director email to address grievance)

The administrative supervisor shall contact the grievant and initiate an investigation. The Administrative Supervisor will respond in writing to the parent/guardian within 4 business days of receipt of complaint.

The parent guardian may follow the same process as the youth grievance and may refer to youth's legal counsel, probation agent, court or entity to discuss with the Supervisor or Director on the parent/guardian's behalf.

All complaints and grievances to the Supervisor or Director ~~should~~ shall be sealed by the grievant. The grievant will be instructed to write Supervisor or Director across the seal. The envelope shall be placed in the Supervisor or Director's mailbox. Both mailboxes are monitored by camera 24/7.

Retraction: If the youth, parent or guardian chooses to retract the grievance this shall be allowed if the grievant makes this request in writing. Submit the retraction in the Supervisor's mailbox. Staff are not to take the grievance out of the Supervisor mailbox. The Supervisor will file the grievance with the retraction in the grievance file.

When it is appropriate an interpreter shall be made available to translate this policy to the youth and/or youth's family.

Grievance Response shall include:

To ensure clarity and conciseness, a written summarization of the issue from the youth's perspective shall be documented on the grievance form by the investigating Supervisor. Include dates, times and other details that the youth may have left out in the original statement.

When the grievance involves other youth or employees, the Supervisor shall interview the youth and/or employees as necessary. These interviews shall be documented with the grievance. The Supervisor shall consult the Director to determine if information may be confidential and should not be allowed to be attached with the grievance returned to the youth.

Signature of the Supervisor/Director receiving and responding to the grievance including the date the grievance was received and the dated the response was given.

The Supervisor shall review all documentation in the youth's file pertaining to the grievance. Make copies of all relevant reports/notes and include with the grievance.

The documentation of all listed above shall be included with the original grievance form.

Grievance Review:
The Chief Administrator or designee shall review all grievances quarterly and enter significant findings regarding compliance with licensing rules or changes in the annual assessment required by the Chief Administrator annually per R. 400.4116.

R 400.4132 Grievance procedures.
Rule 132. (1) A child caring institution must have and follow a written grievance handling procedure for youth and their families. All the following apply:
(a) The policy must be provided to youth, their families, and referring sources prior to or at admission.
(b) The policy must be explained in a language and manner that the youth and his or her family can understand.
(c) There must be written acknowledgement the policy was provided as required in subdivision (a) of this subrule.
(2) The procedure must provide all the following:
(a) Who may initiate the grievance.
(b) How the grievance is filed and ability to request assistance with filing.
(c) Grievance response and timeframe processes, including appeal.
(d) Documentation.
(e) Ability to report grievances to third party agencies and the youth LGAL and attorney.
(3) If a secure juvenile justice facility uses room confinement as a behavioral sanction, the procedure must provide for all the following:
(a) Before the sanction begins, but not later than 24 hours after confinement for misconduct, an opportunity for the youth to be heard by a trained impartial fact finder designated by the chief administrator, who has no personal knowledge of the incident, and has the authority to release the youth from confinement.
(b) Staff assistance in preparing and presenting his or her grievance or defense.
(c) A meaningful process of appeal.
(4) A child caring institution must provide a grievant with a written copy of the grievance resolution.

Bay County Juvenile Home Policy and Procedure

POLICY

No resident shall be prohibited from participating in religious activities and services in accordance with the youth's own faith and parental direction as long as the participation does not conflict with the safety and security of the facility. No resident shall be compelled to attend religious services or religious education nor be disciplined for failing to attend. This policy shall be made available to youth and parents prior to or at admission.

PROCEDURES

A. Religious Preference

All youth shall be asked their religious preference at the time of intake. This information shall be documented in their file under "General Profile; religious affiliation".

B. Religious Programming

The Bay County Juvenile Home utilizes the Forgotten Youth Ministries, which provide a non-denominational spiritual program that is voluntary for residents to participate. It is a choice for youth to participate in religious programming, not a requirement. If the youth would like to meet with his/her spiritual advisor, staff shall notify a Supervisor to contact the youth's parent to make arrangements for a session. The youth with the approval of parents and a Supervisor may have a Religious Educator schedule time to come to the facility to assist in these religious needs. A Religious Educator is an authenticated representative of a legitimate religious practice, who has been approved by the Facility Director following an examination of his/her credentials.

Staff may not lead religious educational services or interpret religious materials for youth.

Youth are allowed quiet time in their rooms to pray, meditate, read the religious material, or other rituals that may go along with religious routine/education. Those youth who choose not to participate may rest quietly or read.

Youth are also allowed to read their religious material whenever it is appropriate to read library books. These privileges may be revoked if the youth is out of control, destroying property or directed by the supervisor due to a particular negative behavior that is documented in the youth's file.

C. Religious materials in the facility

Youth may generally have ready access to religious publications of their respective faiths. All religious material is subject to review before the materials are provided to the youth. Depending on the youth's token economy level and/or current behavior, materials may be permitted in their individual sleeping room. Arrangements may be made for a youth to

obtain personal copies of approved religious books and periodicals. The facility may also receive donations of religious material that may be used by youth when available.

When appropriate, liturgical apparel such as skull caps, head shields, and prayer shawls may be worn during religious activities. When not in use, this apparel shall be stored with other personal items belonging to the youth in their locker.

D. Religious dietary needs
The facility recognizes that certain religious faiths impose dietary restrictions on their members (e.g., abstaining from the use of pork or pork products). These restrictions are honored and accommodated upon request of the parent and with guidance from the spiritual advisor whenever possible through menu alterations or the use of supplemental foods stored at the facility.

E. Facility and Staff involvement in Religious programming
The basic constitutional principle of separation of church and state apply at this facility and must be observed.

Staff are to monitor religious programming to ensure that youth are not a behavior management problem and will adhere to the policies of the facility when behavior problems arise.

Accordingly, staff shall not attempt to impose personal values (such as religious views, issues of morality, etc.) on youth. Furthermore, staff shall not interpret religious readings or teachings to youth or in the presence of youth. Staff shall not lead or participate in religious rituals with youth such as prayer, readings, and discussions of religious practices or bring religious materials to the facility for the youth.

F. Screening:
Religious groups and organizations expressing a desire to provide a variety of services to the residents will be referred to the Director, who will explain facility policy and discuss possible program implementation.

The Bay County Juvenile Home prohibits physical punishment including but not limited to all of the following:

1. Use of chemical agents including, but not limited to, pepper spray, tear gas, and mace.
    a. Chemical agents such as pepper spray, tear gas and mace shall not be purchased for use at the BCJH as these items are prohibited for use in this facility.
    b. BCJH Employees shall not bring into the facility any chemical agents including but not limited to pepper spray, tear gas and mace.

2. Hitting or striking, throwing, kicking, pulling, or pushing a youth on any part of their body.
    a. Employees of the BCJH shall not hit, strike, throw, kick, pull or push youth on any part of their body as a means to manage behavior.

3. Threats of restraint, seclusion, punishment, or otherwise suggesting physical or emotional harm to a youth.
    a. A statement of an intention to inflict pain, injury, damage, or other hostile action on someone in retribution for something done or not done
    Example: Take a time out in your room or you will receive a fine;
    b. BCJH Staff shall not make light or joke about restraints, seclusions or administering punishment
    c. Youth may be explained at a time they are calm and not having a crisis the options of how a physically aggressive situation may be handled. However staff should NOT utilize a blanket statement of: Stop "X" behavior or I am restraining you. This statement in a crisis situation would not produce a result that serves everyone in the situation.

4. Verbal abuse including the use of derogatory or discriminatory language including negative references to a youth's background or appearance or mental state. Yelling, threats, ridicule, or humiliation are strictly prohibited.
    a. Derogatory - Expressing strong disapproval and not showing respect. Racial, sexist, and homophobic slurs are all derogatory. Insults that infer someone is stupid or crazy are derogatory. Making a joke at the expense of a youth or a youth's family member is derogatory.
    b. Discriminatory behavior is when someone is treated unfairly because of one or more of the protected characteristics, as defined by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and/or sexual orientation
    c. Yelling is characteristically devised of harsh, abrasive and punitive form of communication. A raised voice shall be firm, but supportive with the intent to direct or lead when needing to get a youth's attention.
    d. Ridicule is making fun of someone in cruel or harsh way. Typically the intent of ridicule is to humiliate.

e. Humiliate is to hurt someone's pride or to cause someone to feel extremely embarrassed. **Pointing out someone's mistakes in front of everyone and cause that person to feel extremely embarrassed**, this is an example of humiliating someone.

5. Peer-on-peer discipline is prohibited.

6. Denial of any essential program service as punishment. These include, but are not limited to, the following:
   a. Food or creating alternative menus.
   b. Family time or any type of communications with family.
   c. The opportunity for at least 8 hours of sleep in a 24-hour period.
   d. Shelter, clothing, medical care, or essential personal needs, including culturally specific items.
   e. Any actions that inhibit a youth's ability to achieve permanency.

This policy and list of prohibited practices will be provided to all youth, their families, and referring agencies upon admission.

POLICY

The Bay County Juvenile Home staff shall only utilize seclusion as a temporary response to prevent life-threatening injury or serious bodily harm when other interventions are ineffective (4) All seclusion will be prohibited effective November 1, 2022.

Seclusion – the involuntary placement of a youth in a room alone, where the youth is prevented from exiting by any means, including the physical presence of a staff person if that staff person's presence prevents the youth from exiting the room.

Seclusion Room – a room or area approved for the involuntary confinement or retention of a single youth. The door to the room may be equipped with a security locking device that operates by means of a key or is electrically operated and has a key override and emergency electrical backup in case of a power failure.

Seclusions do not include the youth's voluntary requests to go to their room.

1. Staff may not use seclusion for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others. Staff my not threaten consequences to youth for not going to their room when suggesting time outs from the program.

2. Prior to using seclusion, staff must use less restrictive techniques to de-escalate the situation such as talking with youth, allowing the youth a break from the situation in another area of the building, or activity that has proven calming for the youth in the past. These less restrictive techniques must be documented. Staff must be able to discuss less restrictive techniques in incident report.

See options to reduce anxiety, anger, and calming strategies.

3. Prior to using seclusion or immediately after placing a youth in seclusion, staff will explain to the youth the reasons for the seclusion and the fact that he or she will be released upon regaining self-control and no longer a threat of harm.

4. Staff may not place youth in seclusion for fixed periods of time. Staff must release the youth from seclusion as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.

5. During the time that a youth is in seclusion, staff must perform variable interval, eye-on checks of youth. The time between the variable interval checks must not exceed 15 minutes unless the situation requires continuous observation for the child's safety, including, but not limited to, youth exhibiting suicidal ideations or performing self-harm. All checks must be documented on the youth's monitoring log.

6. Youth in seclusion must have reasonable access to water, toilet facilities, and hygiene supplies. Staff may turn water off to room when youth are utilizing water for destructive purposes. Water must be turned back on when youth is under control and can make a commitment to not do any further damage. Hygiene supply use will be directly monitored by staff for youth who threaten harm to self or others. Items will be removed and stored outside of the room when not in use. Staff must document when water is shut off or if hygiene supplies are refused and the reason why they were refused to the youth.

7. Staff will keep designated sleeping rooms used for seclusion clean, appropriately ventilated, and at comfortable temperatures. Designated areas for seclusion are the youth's individual sleeping rooms. Staff shall report in writing to the Supervisor all areas in need of repair. Youth shall be moved to a different room if the room is inhabitable. Written maintenance requests shall be submitted to the Supervisor and will be required to continue to notify Supervisor daily until repairs are completed and room is in working order.

8. Designated areas used for seclusion must be suicide-resistant and protrusion-free. Staff shall report all issues of safety and concern regarding the sleeping/seclusion room in writing to the Supervisor. The Supervisor shall oversee all changes to ensure safety and contact the maintenance department when necessary. Follow up will be required until the safety issues are resolved. Youth shall be moved to a new room if the room is deemed dangerous.

9. Seclusion must be performed in a manner that is safe, appropriate, and consistent with the youth's chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including history of trauma.

10. All Supervisors and Youth Development Workers require training in approved crisis prevention and intervention techniques including:
    a. Prevention, de-escalation techniques, and non-violent response to assaultive behavior.
    b. Conflict management.
    c. Minimizing and addressing trauma for youth and staff.
    d. Access to youth support team members.
    e. Training must be conducted by certified trainers.
    f. Staff shall complete refresher training annually or more frequently as needed.

ACTIONS AND DOCUMENTATION REQUIRED

1. All seclusions must be documented in the youth's file under incident. The report of the seclusion shall include the following:
    a. Summary of observed events leading up to the seclusion by each employee and actions taken
    b. The less restrictive techniques utilized prior to seclusion by all employees involved

c. When the seclusion was explained to the youth per #3 in this policy and by whom
d. Date and time seclusion took place. Date and time youth was released from seclusion. Who placed the youth in their room and who approved the placement?
e. Where the seclusion took place (only sleeping rooms are allowed for seclusion)
f. How the health status of the youth was monitored throughout the seclusion and by whom
g. Brief discussion of health status after the seclusion and by whom. If this assessment was not done by the nurse or doctor a referral shall be made to the nurse or doctor. However staff must assess if the youth is in need of further treatment after release from seclusion and document this assessment. At any time the youth is in need of emergency care staff shall take appropriate action. All staff are trained in CPR/AED and First Aid with recertification as required.
h. Notification of seclusion to parent or legal guardian, youth's caseworker, youth's attorney and any other individual appropriate for notification. This notification shall take place within **6** hours of seclusion when the youth **sustains injury** during seclusion or **12** hours when **no injury** occurs as a result of the seclusion.
i. After seclusion how the staff debriefed and summary of employee debriefing
j. After seclusion how youth was debriefed and by whom include summary of debriefing
k. All incident reports and supporting documents shall include input from all employees involved in or witnessing the seclusion.

2. The Supervisor or Director shall take actions to debrief on the seclusion with the guardian and referring agent on record in the youth's file. The debriefing can take place over the phone, virtual or in person. The debriefing process is utilized to gain understanding of what lead up to the seclusion and how to prevent seclusion in the future.

3. An incident report must be completed utilizing the form prescribed by the State of Michigan. The initial report shall be submitted by the Supervisor or Director within 24 hours of the seclusion and a final updated report may be submitted no later than 72 hours of the seclusion. Supervisor and/or Director will utilize the next 48 hours to ensure all information in the report is complete and accurate.

4. The facility administrator shall review the use of seclusion on a quarterly basis to ensure that staff only use seclusion as a temporary response to behavior that threatens immediate harm to the youth or others. Based on upon the administrative review, a process improvement plan shall be implemented when necessary to address:

   a. Strategies to prevent use of seclusion for youth
   b. Improvements to staff competency in non-physical crisis prevention and intervention techniques

POLICY

The Bay County Juvenile Home staff may utilize Mechanical Restraints as an emergency response to protect the youth or others from an unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence or injury if no immediate intervention occurs. Bay County Juvenile Home staff may also utilize mechanical restraints during a facility emergency, such as a lockdown or riot to prevent serious injury or escape.

All youth will be placed in mechanical restraints for all transports outside of the facility. No incident report is required. Notification to parents is given when they receive these rules.

1. Staff are prohibited from doing the following:
   a. Handcuffing youth together during transportation or restraining youth to a vehicle.
   b. Leaving sleeping youth in restraints
   c. Leaving a restrained youth alone

2. The only mechanical restraints that staff may use within a facility are handcuffs, unless circumstances require, and written approval is given by the chief administrator, for the use of leg shackles, a leg bar, or belly chains or belly belts, or both.

3. During secure facility emergencies, such as a lockdown or riot, staff may use handcuffs and belly chains to prevent serious injury or escape. Staff must remove handcuffs and other restraints promptly after the youth is placed in his or her room or is otherwise in a safe place.

4. In the event a mechanical restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the youth's treatment plan.

ACTIONS AND DOCUMENTATION REQUIRED

All mechanical restraints with the exception of transports must be documented in the youth's file under incident. The report of the mechanical restraint shall include the following:

a. Summary of observed events leading up to the restraint by each employee and actions taken
b. The less restrictive techniques utilized prior to restraint
c. Date, time and where the restraint took place. Date and time youth was released from restraint.
d. How the health status of the youth was monitored throughout the restraint and by whom
e. Brief discussion of health status after the restraint and by whom. If this assessment was not done by the nurse or doctor a referral shall be made to the

nurse or doctor. However staff must assess if the youth is in need of further treatment and document this assessment. Contact a supervisor when in doubt.

f. Notification of restraint to parent or legal guardian, youth's caseworker, youth's attorney and any other individual appropriate for notification. This notification shall take place within **6** hours of mechanical restraint when the youth **sustains injury** during seclusion or **12** hours when **no injury** occurs as a result of the mechanical restraint. (see link to forms on Aladtec home page)
g. After mechanical restraint how the staff debriefed and summary of employee debriefing (see link to forms on Aladtec home page)
h. After mechanical restraint how youth was debriefed and by whom include summary of debriefing (see link to forms on Aladtec home page)
i. An incident report must be completed utilizing the form prescribed by the State of Michigan. The initial report shall be submitted by the Supervisor or Director within 24 hours of the mechanical restraint and a final updated report may be submitted no later than 72 hours of the seclusion.

The Supervisor or Director shall take actions to debrief on the seclusion with the guardian and referring agent on record in the youth's file. The debriefing can take place over the phone, virtual or in person. The debriefing process is utilized to gain understanding of what lead up to the seclusion and how to prevent seclusion in the future.

The facility administrator shall review the use of mechanical restraints on a quarterly basis to ensure that staff only use mechanical restraints as a temporary response to behavior that threatens immediate harm to the youth or others. Based on upon the administrative review, a process improvement plan shall be implemented when necessary to address:

a. Strategies to prevent use of mechanical restraints for youth
b. Improvements to staff competency in non-physical crisis prevention and intervention techniques

POLICY

The Bay County Juvenile Home staff shall only utilize Emergency Safety Physical Intervention or restraint as an emergency response to protect the youth or others from an unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence or injury if no immediate intervention occurs. (a)

Prior to using restraint, staff must use less restrictive techniques to de-escalate the situation such as talking with youth, giving the youth space, providing reasonable choices or utilizing established plans when available. **These less restrictive techniques must be documented in the report.**

This policy shall be provided to all youth, the youth's legal guardian and referring agencies as soon as possible.

When a restraint occurs an incident report must be completed utilizing the form prescribed by the State of Michigan. The initial report shall be submitted by the Supervisor or Director within 24 hours of the restraint and a final updated report may be submitted no later than 72 hours of the seclusion

1. Physical Restraint or Emergency Safety Physical Intervention may be utilized when all other interventions are utilized but fail to protect the youth or others from unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence or injury if no immediate intervention occurs (b)

    a. The emergency restraint must not last longer than needed to end the threat of serious physical harm. (c)

    b. Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being. (d)

    c. When an emergency health situation occurs or the youth exhibits sign of physical distress during the restraint, staff must immediately obtain treatment for the youth. (e)

    d. Staff may not use restraint for discipline, punishment, administrative convenience, retaliation, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others as noted above.

See options to reduce anxiety, anger, and calming strategies.

2. All Supervisors and Youth Development Workers require training in approved restraint techniques prior to be able to apply them in emergency situations. Training shall include:
   a. Prevention, de-escalation techniques, and non-violent responses to assaultive behavior
   b. Conflict management
   c. Minimizing trauma
   d. Staff emotional self-regulation techniques
   e. Staff must complete refresher training annually or more frequently as needed
   f. Training sessions must be documented to verify staff training
   g. Restraints will be reviewed quarterly and more frequently if necessary

3. The following restraints are strictly prohibited:
   a. Use of chemical restraints
   b. Use of pressure point control and pain adherence techniques
   c. Use of straightjackets, hogtying and restraint chairs
   d. Restraining youth in prone position or any restraint that restricts the youth's airway
   e. Peer on peer discipline or utilizing the assistance of another youth to implement a restraint

4. For a youth who is pregnant, including a youth who is in labor, delivery, or post-partum recovery, physical and mechanical restraints are prohibited.

ACTIONS AND DOCUMENTATION REQUIRED

1. All restraints must be documented in the youth's file under incident. The report of the restraint shall include the following:

   a. Summary of observed events leading up to the restraint by each employee and actions taken
   b. The less restrictive techniques utilized prior to restraint
   c. Date, time and where the restraint took place. Date and time youth was released from restraint.
   d. How the health status of the youth was monitored throughout the restraint and by whom
   e. Brief discussion of health status after the restraint and by whom. If this assessment was not done by the nurse or doctor a referral shall be made to the nurse or doctor. However staff must assess if the youth is in need of immediate t treatment and document this assessment. Contact a supervisor when in doubt. If the youth is in immediate need of treatment reasonable
   f. Notification of restraint to parent or legal guardian, youth's caseworker, youth's attorney and any other individual appropriate for notification. This notification shall take place within **6** hours of restraint when the youth **sustains injury** during restraint or **12** hours when **no injury** occurs as a result of the restraint. (see link to forms on Aladtec home page)

g. After restraint how the staff debriefed and summary of employee debriefing (see link to forms on Aladtec home page)
h. After restraint how youth was debriefed and by whom include summary of debriefing (see link to forms on Aladtec home page)
i. An incident report must be completed utilizing the form prescribed by the State of Michigan. The initial report shall be submitted by the Supervisor or Director within 24 hours of the restraint and a final updated report may be submitted no later than 72 hours of the seclusion.
j. All incident reports and supporting documents shall include input from all employees involved in or witnessing the restraint.

2. The Supervisor or Director shall take actions to debrief on the restraint with the guardian and referring agent on record in the youth's file. The debriefing can take place over the phone, virtual or in person. The debriefing process is utilized to gain understanding of what lead up to the restraint and how to prevent restraints in the future.

3. The facility administrator shall review the use of restraints on a quarterly basis to ensure that staff only use restraints as a temporary response to behavior that threatens immediate harm to the youth or others. Based on upon the administrative review, a process improvement plan shall be implemented when necessary to address:

   a. Strategies to prevent use of restraints for youth
   b. Improvements to staff competency in non-physical crisis prevention and intervention techniques

Policy

The Bay County Juvenile shall follow steps and protocol that align with licensing rule to assess the health of a youth during and after a restraint or seclusion. The assessment of the incident shall at a minimum involve the youth, the youth's guardian, the referring agent and BCJH staff. The policies and procedures addressing restraints and seclusions shall be provided and explained to all youth, youth's parent/guardian and referring agency.

In the event a youth is restrained or secluded, BCJH staff shall complete the following:

1. The youth's health shall be monitored throughout the restraint or seclusion by the YDWs and/or Supervisor involved in the restraint and/or seclusion. If at any time it is observed that the youth is in distress the restraint must end in an attempt to assess the youth's medical needs.

2. A health assessment shall be completed by the facility nurse or doctor when present. If the facility nurse or doctor are not present the Supervisor or Director on site shall complete a health assessment with the YDW assigned the medical keys for the shift.

3. All employees are certified in CPR/First Aid and shall utilize training to determine need of urgent care. Employees present shall contact emergency services for the youth when necessary at any time during or after a restraint or seclusion.

4. Youth involved in a restraint or seclusion shall be scheduled to be evaluated by the facility nurse and/or doctor at next medical clinic even if the youth states there were no injuries sustained. Staff shall notify the nurse in writing through the youth's file under medical notes that the youth was involved in an incident and then refer to the incident report.

5. The parent/guardian and referring agent on file shall be notified **within 6 hours** of restraint/seclusion if there is an injury as a result of a restraint or seclusion. This notification shall include a minimum of the following:
   a. The date and time of the restraint or seclusion
   b. A brief summary of events that led to the restraint or seclusion
   c. The actions taken following the restraint or seclusion, including any medical services provided.

6. The parent/guardian and referring agent shall be notified with **12 hours** when there is no injury as a result of restraint/seclusion. This notification shall include a minimum of the following:
   d. The date and time of the restraint or seclusion
   e. A brief summary of events that led to the restraint or seclusion

f. The actions taken following the restraint or seclusion, including any medical services provided.

7. The Supervisor, Director or designee shall take actions to debrief on the restraint with the guardian and referring agent on record in the youth's file. Other interested parties may be present with approval from guardian and/or referring agent. The debriefing can take place over the phone, virtual or in person. The debriefing process is utilized to gain understanding of what lead up to the restraint and how to prevent restraints in the future.

8. An incident report must be completed utilizing the form prescribed by the State of Michigan. The initial report shall be submitted by the Supervisor or Director within 24 hours of the seclusion and a final updated report may be submitted no later than 72 hours of the seclusion. Supervisor and/or Director will utilize the next 48 hours to ensure all information in the report is complete and accurate.

9. If a mechanical restraint was applied to a youth the report above must also include the following:
   a. Name of administrator or designee who approved equipment use
   b. Time of the authorization
   c. Specific rationale for use
   d. Time equipment was applied and removed, if different from the overall incident.
   e. Name of the staff member who applied the equipment
   f. Name or names of the staff member or staff members continuously present with the youth throughout mechanical restraint use

10. The facility administrator shall review the use of restraints on a quarterly basis to ensure that staff only use restraints as a temporary response to behavior that threatens immediate harm to the youth or others. Based on upon the administrative review, a process improvement plan shall be implemented when necessary to address:

    a. Strategies to prevent use of restraints for youth
    b. Improvements to staff competency in non-physical crisis prevention and intervention techniques